

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006766

Entity Name: NORTH OAKS ESTATES COMMUNITY ASSOCIATION, INC.**Current Principal Place of Business:**3056 UNIVERSITY PARKWAY
SARASOTA, FL 34243**Current Mailing Address:**3056 UNIVERSITY PARKWAY
SARASOTA, FL 34243 US**FEI Number:** 04-3751346**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RCM REALTY GROUP, LLC
3056 UNIVERSITY PARKWAY
SARASOTA, FL 34243 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** ALEXANDRA TURNER

03/07/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FISHER, MARVIN
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title TREASURER
Name CRUZ, CANDICE E
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title SECRETARY
Name VELAZQUEZ, JORDAN
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title PRESIDENT
Name DELL, WILLIAM
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title VP
Name RUFF, MARK
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR
Name GRIGSBY, TIMOTHY
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

Title DIR, DIRECTOR
Name GALBRAITH, GAIL
Address 3056 UNIVERSITY PARKWAY
City-State-Zip: SARASOTA FL 34243

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CANDICE E CRUZ

TREASURER

03/07/2016

Electronic Signature of Signing Officer/Director Detail

Date